

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>10/584382</i>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51						
2				/			52						
3					/		53						
4					/		54						
5						/	55						
6						/	56						
7						/	57						
8						/	58						
9						/	59						
10						/	60						
11						/	61						
12						/	62						
13						/	63						
14						/	64						
15						/	65						
16						/	66						
17						/	67						
18						/	68						
19						/	69						
20						/	70						
21						/	71						
22						/	72						
23						/	73						
24						/	74						
25						/	75						
26						/	76						
27						/	77						
28						/	78						
29						/	79						
30						2	80						
31						/	81						
32						/	82						
33						/	83						
34						1	84						
35						/	85						
36						/	86						
37						1	87						
38						/	88						
39						/	89						
40						/	90						
41						/	91						
42						/	92						
43						/	93						
44						/	94						
45						4	95						
46						4	96						
47						3	97						
48						1	98						
49						1	99						
50						1	100						
TOTAL IND.						3							
TOTAL DEP.						55							
TOTAL CLAIMS						58							